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NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Jan E. Schnitzer and Philip Oh
Serial No.: 09/208,195 Group Art Unit: 1644
Filed: December 9, 1998 Examiner: P. Nolan
Confirmation No.: 7811
For: IMMUNOISOLATION OF CAVEOLAE

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| CERTIFICATE OF MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202 | |
| on <u>2/25/03</u> | <u>Christina M Sweeney</u> |
| Date | Signature |
| <u>Christina M Sweeney</u> | |
| Typed or printed name of person signing certificate | |

Assistant Commissioner for Patents
Box AF
P.O. Box 2327
Arlington, VA 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated November 25, 2002 of the Primary Examiner finally rejecting claims 1-9, 11-17, 19-22, 24 and 25. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☒ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

| | | | |
|-------------------------------------|-----------------------------------------|------|---------------|
| <input type="checkbox"/> | Extension of Time for [] month(s) | \$ | _____ |
| <input type="checkbox"/> | Additional Extension of Time: | | |
| | Fee for Extension ([] mo.) | \$ | _____ |
| | Less fee paid ([] mo.) | - \$ | _____ |
| | Balance of fee due | \$ | 0 |
| <input checked="" type="checkbox"/> | Notice of Appeal | \$ | 160 |
| <input checked="" type="checkbox"/> | Other <u>Request for Oral Hearing</u> | \$ | 140 |
| | TOTAL | \$ | <u>300.00</u> |

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$300.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: February 25, 2003